

PCT**REQUEST**

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) TLR4**Box No. I TITLE OF INVENTION**

COMPOSITION FOR TREATING PATHOLOGY ASSOCIATED WITH MSRV/HERV-W

Box No. II APPLICANT This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

BioMerieux
Chemin de l'Orme
69280 MARCY L'ETOILE
France

Telephone No.
04.78.87.50.23Facsimile No.
04.78.87.21.16

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:

FR

State (that is, country) of residence:

FR

This person is applicant all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Institut National de la Sante et de la Recherche Medicale
(I.N.S.E.R.m.)
101 rue de Tolbiac
75654 PARIS CEDEX 13
France

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

FR

State (that is, country) of residence:

FR

This person is applicant all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

 Further applicants and/or (further) inventors are indicated on a continuation sheet.**Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

 agent common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

bioMerieux
Elisabeth DORGET
Chemin de l'Orme
69280 MARCY L'ETOILE
FRANCE

Telephone No.
04.78.87.50.23Facsimile No.
04.78.87.21.16

Teleprinter No.

Agent's registration No. with the Office

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

BEST AVAILABLE COPY

Continuation of Box No. III

FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

MARCHE Patrice
2 allee du Galliet
38240 MEYLAN
FRANCE

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

FR

State (that is, country) of residence:

FR

This person is applicant for the purposes of:

all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

ROLLAND Alexandre
8 rue de l'Ovalle
38360 SASSENAGE
FRANCE

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

FR

State (that is, country) of residence:

FR

This person is applicant for the purposes of:

all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

JOUVIN-MARCHE Evelyne
2 allee du Gaillet
38240 MEYLAN
FRANCE

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

FR

State (that is, country) of residence:

FR

This person is applicant for the purposes of:

all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

PERRON Herve
4 allee de la Guigoniere
69290 SAINT GENIS LES OLLIERES
FRANCE

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

FR

State (that is, country) of residence:

FR

This person is applicant for the purposes of:

all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Further applicants and/or (further) inventors are indicated on another continuation sheet.

Box No. V DESIGNATIONS

The filing of this request constitutes under Rule 4.9(a), the designation of all Contracting States bound by the PCT on the international filing date, for the grant of every kind of protection available and, where applicable, for the grant of both regional and national patents.

However,

DE Germany is not designated for any kind of national protection
 KR Republic of Korea is not designated for any kind of national protection
 RU Russian Federation is not designated for any kind of national protection

(The check-boxes above may be used to exclude (irrevocably) the designations concerned in order to avoid the ceasing of the effect, under the national law, of an earlier national application from which priority is claimed. See the Notes to Box No. V as to the consequences of such national law provisions in these and certain other States.)

Box No. VI PRIORITY CLAIM

The priority of the following earlier application(s) is hereby claimed:

| Filing date of earlier application (day/month/year) | Number of earlier application | Where earlier application is: | | |
|---|----------------------------------|--|------------------------|--|
| | | national application: country or Member of WTO | regional application:* | international application: receiving Office |
| item (1) 23/01/2004 | 0400675 | FR | | |
| item (2) | | | | |
| item (3) | | | | |

Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:

all items item (1) item (2) item (3) other, see Supplemental Box

*Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA /EP

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year) Number Country (or regional Office)
 16/09/2004 FA645230 EP

Box No. VIII DECLARATIONS

The following **declarations** are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

| | | |
|---|--|---------|
| <input type="checkbox"/> Box No. VIII (i) | Declaration as to the identify of the inventor | : _____ |
| <input type="checkbox"/> Box No. VIII (ii) | Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent | : _____ |
| <input type="checkbox"/> Box No. VIII (iii) | Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application | : _____ |
| <input checked="" type="checkbox"/> Box No. VIII (iv) | Declaration of inventorship (only for the purposes of the designation of the United States of America) | : 1 |
| <input type="checkbox"/> Box No. VIII (v) | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty: | : _____ |

Box No. VIII (iv) DECLARATION: INVENTORSHIP (only for the purposes of the designation of the United States of America)

The declaration must conform to the following standardized wording provided for in Section 214; see Notes to Boxes Nos. VIII, VIII (i) to (v) (in general) and the specific Notes to Box No. VIII (iv). If this Box is not used, this sheet should not be included in the request.

**Declaration of inventorship (Rules 4.17(iv) and 51bis.1(a)(iv))
for the purposes of the designation of the United States of America:**

I hereby declare that I believe I am the original, first and sole (if only one inventor is listed below) or joint (if more than one inventor is listed below) inventor of the subject matter which is claimed and for which a patent is sought.

This declaration is directed to the international application of which it forms a part (if filing declaration with application).

This declaration is directed to international application No. PCT/FR05/..... (if furnishing declaration pursuant to Rule 26ter).

I hereby declare that my residence, mailing address, and citizenship are as stated next to my name.

I hereby state that I have reviewed and understand the contents of the above-identified international application, including the claims of said application. I have identified in the request of said application, in compliance with PCT Rule 4.10, any claim to foreign priority, and I have identified below, under the heading "Prior Applications," by application number, country or Member of the World Trade Organization, day, month and year of filing, any application for a patent or inventor's certificate filed in a country other than the United States of America, including any PCT international application designating at least one country other than the United States of America, having a filing date before that of the application on which foreign priority is claimed.

Prior Applications FR0400675

I hereby acknowledge the duty to disclose information that is known by me to be material to patentability as defined by 37 1C.F.R. 1§ 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the PCT international filing date of the continuation-in-part application.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name: MARCHE Patrice

Residence: MEYLAN - France

(city and either US state, if applicable, or country)

Mailing Address: 2 allee du Galliet

38240 MEYLAN - FRANCE

Citizenship: French

Inventor's Signature:

(The signature must be that of the inventor, not that of the agent)

Date:

Name: ROLLAND Alexandre

Residence: SASSENAGE - France

(city and either US state, if applicable, or country)

Mailing Address: 8 rue de l'Ovalle

38 360 SASSENAGE - France

Citizenship: French

Inventor's Signature:

(The signature must be that of the inventor, not that of the agent)

Date:

This declaration is continued on the following sheet, "Continuation of Box No. VIII (iv)".

Continuation Box No. VIII (i) to (v)

DECLARATION

If the space is insufficient in any of Boxes Nos. VIII (i) to (v) to furnish all the information, including in the case where more than two inventors are to be named in Box No. VIII (iv), in such case, write "Continuation of Box No. VIII ..." (indicate the item number of the Box) and furnish the information in the same manner as required for the purposes of the Box in which the space was insufficient. If additional space is needed in respect of two or more declarations, a separate continuation box must be used for each such declaration. If this Box is not used, this sheet should not be included in the request.

Ref. : TLR4

Continuation of Box No. VIII (iv) DECLARATION: INVENTORSHIP

Name: JOUVIN-MARCHE Evelyne

Residence: MEYLAN - France
(city and either US state, if applicable, or country)

Mailing Address: 2.allee du Gaillet

38240 MEYLAN

France

Citizenship: French

Inventor's Signature:
(The signature must be that of the inventor, not that of the agent)

Date:

Name: PERRON Herve

Residence: SAINT-GENIS LES OLLIERES
(city and either US state, if applicable, or country)

Mailing Address: 4.alle de la Guigoni  re

69290 SAINT GENIS LES OLLIERES

France

Citizenship: French

Inventor's Signature:
(The signature must be that of the inventor, not that of the agent)

Date:

Box No. IX CHECK LIST; LANGUAGE OF FILING

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------|---|-----|-----------------|---|-----|---|-------|--|---|--------|-----|---|---|----------|-----|--|-----|----------|------|---|---|-----------------------------------|-------|--|---|------------------|-----|--|---|---|---|---|---|-------------------------------|-------|---|
| This international application contains: | | This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item): | | Number of items | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>(a) on paper, the following number of sheets:</p> <table> <tr><td>request (including declaration sheets)</td><td>: 6</td><td><input checked="" type="checkbox"/> fee calculation sheet</td><td>: 1</td></tr> <tr><td>description (excluding sequence listings and/or tables related thereto)</td><td>: 101</td><td><input type="checkbox"/> original separate power of attorney</td><td>:</td></tr> <tr><td>claims</td><td>: 2</td><td><input type="checkbox"/> original general power of attorney</td><td>:</td></tr> <tr><td>abstract</td><td>: 1</td><td><input checked="" type="checkbox"/> copy of general power of attorney; reference number, if any:</td><td>: 1</td></tr> <tr><td>drawings</td><td>: 26</td><td><input type="checkbox"/> statement explaining lack of signature</td><td>:</td></tr> <tr><td>Sub-total number of sheets</td><td>: 136</td><td><input type="checkbox"/> priority document(s) identified in Box No. VI as item(s):</td><td>:</td></tr> <tr><td>sequence listing</td><td>: 2</td><td><input type="checkbox"/> translation of international application into (language):</td><td>:</td></tr> <tr><td>tables related thereto (for both, actual number of sheets if filed on paper, whether or not also filed in electronic form; see (c) below)</td><td>:</td><td><input type="checkbox"/> separate indications concerning deposited microorganism or other biological material</td><td>:</td></tr> <tr><td>Total number of sheets</td><td>: 138</td><td><input type="checkbox"/> sequence listing in electronic form (indicate type and number of carriers)</td><td>:</td></tr> </table> | | request (including declaration sheets) | : 6 | | <input checked="" type="checkbox"/> fee calculation sheet | : 1 | description (excluding sequence listings and/or tables related thereto) | : 101 | <input type="checkbox"/> original separate power of attorney | : | claims | : 2 | <input type="checkbox"/> original general power of attorney | : | abstract | : 1 | <input checked="" type="checkbox"/> copy of general power of attorney; reference number, if any: | : 1 | drawings | : 26 | <input type="checkbox"/> statement explaining lack of signature | : | Sub-total number of sheets | : 136 | <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): | : | sequence listing | : 2 | <input type="checkbox"/> translation of international application into (language): | : | tables related thereto (for both, actual number of sheets if filed on paper, whether or not also filed in electronic form; see (c) below) | : | <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material | : | Total number of sheets | : 138 | <input type="checkbox"/> sequence listing in electronic form (indicate type and number of carriers) |
| request (including declaration sheets) | : 6 | <input checked="" type="checkbox"/> fee calculation sheet | : 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| description (excluding sequence listings and/or tables related thereto) | : 101 | <input type="checkbox"/> original separate power of attorney | : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| claims | : 2 | <input type="checkbox"/> original general power of attorney | : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| abstract | : 1 | <input checked="" type="checkbox"/> copy of general power of attorney; reference number, if any: | : 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| drawings | : 26 | <input type="checkbox"/> statement explaining lack of signature | : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sub-total number of sheets | : 136 | <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): | : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| sequence listing | : 2 | <input type="checkbox"/> translation of international application into (language): | : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| tables related thereto (for both, actual number of sheets if filed on paper, whether or not also filed in electronic form; see (c) below) | : | <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material | : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total number of sheets | : 138 | <input type="checkbox"/> sequence listing in electronic form (indicate type and number of carriers) | : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>(b) <input type="checkbox"/> only in electronic form (Section 801(a)(i))</p> <p>(i) <input type="checkbox"/> sequence listing</p> <p>(ii) <input type="checkbox"/> tables related thereto</p> <p>(c) <input checked="" type="checkbox"/> also in electronic form (Section 801(a)(ii))</p> <p>(i) <input checked="" type="checkbox"/> sequence listing</p> <p>(ii) <input type="checkbox"/> tables related thereto</p> <p>Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the</p> <p><input checked="" type="checkbox"/> sequence listing: Diskette</p> <p><input type="checkbox"/> tables related thereto</p> <p>(additional copies to be indicated under item 9(ii) and/or 10(ii), in right column)</p> | | <p>1. <input checked="" type="checkbox"/> fee calculation sheet</p> <p>2. <input type="checkbox"/> original separate power of attorney</p> <p>3. <input type="checkbox"/> original general power of attorney</p> <p>4. <input checked="" type="checkbox"/> copy of general power of attorney; reference number, if any:</p> <p>5. <input type="checkbox"/> statement explaining lack of signature</p> <p>6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s):</p> <p>7. <input type="checkbox"/> translation of international application into (language):</p> <p>8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material</p> <p>9. <input type="checkbox"/> sequence listing in electronic form (indicate type and number of carriers)</p> <p>(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)</p> <p>(ii) <input type="checkbox"/> (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter</p> <p>(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing mentioned in left column</p> <p>10. <input type="checkbox"/> tables in electronic form related to sequence listing (indicate type and number of carriers)</p> <p>(i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application)</p> <p>(ii) <input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater)</p> <p>(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column</p> <p>11. <input type="checkbox"/> other (specify):</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Figure of the drawings which should accompany the abstract:

Language of filing of the international application: French

Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

Marcy l'Etoile, January 24, 2005

Elisabeth DORGET

For receiving Office use only

| | | |
|---|---|--|
| 1. Date of actual receipt of the purported international application: | 2. Drawings: | |
| 3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application: | <input type="checkbox"/> received: <input type="checkbox"/> not received: | |
| 4. Date of timely receipt of the required corrections under PCT Article 11(2): | | |
| 5. International Searching Authority (if two or more are competent): ISA / | 6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid | |

For International Bureau use only

Date of receipt of the record copy by the International Bureau:

See Notes to the request form